

**Sound Christian Counsel  
for the  
Mentally Ill**

by

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## **Introduction**

### **Research Questions**

Why the mentally ill of society are seen as outcasts among the world and the church as an incurable, undesirable, and unwanted “sub-human” in the site of those who have not been touched by this illness? What can Christians in the Church of Jesus Christ offer as a solution to the mentally ill patients? Can a mentally ill person receive true wholeness of health once pronounced by psychiatrist as mentally ill? These questions and more will be answered in this dissertation.

Christian counseling of the mentally ill has taken root and become an important Christian ministry over the years. This is because there are a lot of need for counseling services not only in the secular world, but much so too in the body of Christ which is the church. Mental illness is not only a phenomenon that afflicts people who are Christians. It affects in equal measure both the Christians and those who are not Christians. This is because the causes of mental illnesses are general to all human beings without discriminating in terms of faith and religious persuasions (Foucault, 1962). The psychopathological factors (Hersen & Beidel, 2012) that influence the development of mental disorders are the same whether one is a Christian or not.

Though there are convergences on the need to help the mentally ill between the Christian counselor and the secular counselor, the point of departure is on the approaches to be employed in doing so. While the Christian counselor will seek to employ Christian principles, specifically using spiritual guidance (Clinton et al, 2011), the secular counselor takes a different approach

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though. To the psychiatrists, biblical concepts do not matter in the treatment of mentally ill persons.

In the Christian cycles too, there are varied schools of thought on how to view the whole issue of mental illnesses. There is agreement though on the need and importance of Christian counseling in a bid to help the mentally ill (Clinton et al, 2011). Most Christian institution offer excellent services that minister to this group of human beings in need of health services and compassion. The emphasis for all Christians and body of Christ is the welfare of people and society; however, there are those in Christian counseling who emphasize on the vertical spiritual wholeness of the person in their relationship with God through confession of sin as the basis for sound Christian living and stress-free lives. Others emphasize both vertical relationship with God and the horizontal healthy relationship as being the basis for a fully complete life. Mental illness is viewed from the prism of a faulty relationship on these levels, the vertical (relationship with God) and the horizontal (the relationship with other human beings and the environment around us). Sound Christian counseling of the mentally ill persons therefore entails balancing these two schools of thought and the knowledge of scientific approaches in dealing with mental illness and disorders (Saleebe, 2001). This helps to avoid incidences where those in need of help ending up becoming frustrated and remaining sick as controversy and dogmatic position are advanced.

The need to underscore the place and importance of sound Christian counsel of the mentally ill in today's contemporary society is more relevant today than in any other time in history (Franklin & Fong, 2011). It is therefore the purpose of this study to elucidate this and build a case for sound Christian counsel of the mentally ill as being more appropriate to the secular counseling and treatment practiced by psychiatrists.

### **Background of Information**

Numerous stories have hit magazine covers concerning cases of suicidal acts committed by mentally ill persons. In most cases this is due to negligence within society to those who have been pronounced by psychiatrists as mentally ill. There are cases where victims have suffered from insomnia and depression for long periods of time, which may cause suicidal thoughts and incidents; however, some may find there is light at the end of the tunnel. These persons have may have chosen to have regular attendance in Christian Churches every Sunday while also seeking counseling from pastors concerning their less than desirable issues. Some who may endeavor to join church or attend regular counseling sessions may later find themselves a victim by giving up regular counseling resulting in a decision to commit suicide (Sung, 2007).

Pastors involved with counseling the mentally ill have a great responsibility of ensuring that they support the affected person till they recover or obtain a better state of mind regarding the mental illness; nevertheless, in some cases we find pastors giving up on the person before the process of the recovery program is completed and this result to the cases of suicide or other vices committed by people who are mentally ill. Some pastors are even relieved by the fact that these people are not attending the church their congregation any longer. Pastors may seek to justify to other people that they are trying all their best but still having their limit of moral obligation to the mentally ill (Kim, 2000).

### **Mental Illness in General**

There are many mentally ill people in the world today. It is estimated that a large number of people suffer from mental illness in society today as compared to any other time in the human history ( Sartorius & Schulze, 2005). Many different manifestations of mental illnesses occur depending on the factors influencing the trigger. However, compared to the old times, there is much recognition of the mentally ill people as those requiring assistance, empathy, care and love from those who are well. There is also increased commitment from many quarters to see that mentally ill people receive the necessary help, treatment and care. Governments around the world have formulated policies geared towards the recognition of the place of mentally ill in society besides commitment to help them in treatment, counseling and recovery programs. Non-governmental organizations too, have come up with various programs and advocacy groups to advance the interests and of people suffering from mental illness. There are indeed, organized groups, some by people suffering from mental illness themselves, whose primary work is to fight for their rights, but also as learning forums with the aim of helping one another through the difficulties, that they go through.

Recent studies connect the prevalence and intensity of mental illness to social conditions, economic levels, psychological factors and spiritual status of human beings (Nemeroff, 2012). The major contributing factors to mental illness are the social conditions that prevail around the affected person. For instance, in places of war situation people get traumatized, loose property, and means to make a living and sometimes even loose-loved ones. Such people find themselves in social situations that are degrading, inhuman and psychologically unbearable. Such social conditions are fertile grounds for the developments and triggering of mental disorders that bring

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about mental illness as such people are likely to suffer depression because of stress. This is more so because such people become dependent on relief and assistance from well-wishers, which comes with uncertainty, and loss of self-worth. Their ability to fend for themselves is greatly impaired leading to low economic abilities and a sense of hopelessness.

Research establishes the fact that mental disorders are graver in less economically endowed societies because of a number of reasons. These range from inability to afford treatment to lack of access to institutions that offer treatment, or due to ignorance of the availability and possibility of such treatment (Sturn, 2008). Since the treatment of the mentally ill is an expensive affair requiring substantial amounts of financial resources, and given that treatments of such people require patience and commitment from the family, caregivers and the doctors, economically deficient individuals and families are not able to afford. These aspects of the economic status thus contribute to the prevalence of mental illness in communities with high levels of poverty for they are often not able to access and get best treatment.

Several causes of mental illness obtain. It is a fact that one cause may trigger a single or multiple disorders in one person and may trigger a very different type of disorders in another person. This is because people react differently to different environments because of the different predisposing factors. For instance, a girl that suffers emotional turmoil in her early childhood years may develop different mental disorders when faced with an abusive relationship in marriage from a woman who in her formative years had all going smooth for her. Same present conditions, but very different predisposing circumstances. What is crosscutting though is that social conditions in the world, biological issues and spiritual being of human beings are key elements that influence the prevalence of mental illnesses in the contemporary society today. The

same are also the predisposing backgrounds (Sturn, 2008) that influence the gravity that the mental illness will turn out to be.

### **Significance of the Study**

The purpose of this study is to explore the perception of Christian mentality towards mental illness. This study seeks to establish ways in which Christians can use counseling to assist those who are mentally ill through a recovery program. There are few church based institutions in the world offering recovery programs to patients of mental illness. These institutions use an alternative biblical perspective the way Jesus Christ handled those who had an unclean spirit.

The study will also evaluate the effectiveness of Christian counsel provided by the available institutions to the mentally ill patient. An evaluation of one of these organizations can provide a perspective on an authorized recovery program. This can assist churches to rectify their perceptions which are filled with prejudice and misconceptions against people with mental illness. This project will also provide relevant resources for formulating strategies integrating Ministries with recovery programs and spiritual growth for those who are mentally ill.

This paper will identify the effects of the institutions that offer recovery programs for mentally ill patients. The effect analyzed through the physical, psychological, spiritual dimensions of their lives. This study has the purpose of assisting ministers in churches to realize they have been misunderstanding mentally ill patients in their churches and communities. This paper seeks to revolutionize the thinking of Christians concerning issues of mental illness. In this way, Christians may find reasons for providing sound counsel for mentally ill persons rather than stigmatizing them which may assist in the high recorded cases of suicide.

### **The Church and Christian Counseling**

The church is an institution that has a lot of relevance in the contemporary society with a role to minister to the needs of its many members. It also has a life to share with the community in which individual churches are established. Since some of the people that come to the churches have issues afflicting them, the church is in a position to give care and understanding to them. It is able to guide people in their search for solution of the things bedeviling them. To be able to do this, the church has developed the ministry of counseling which seeks (Shields & Bredfeldt, 2001) to help people overcome their challenges. The Christian community has the mission to serve the spiritual needs of the people that come to them. The church does not only preach salvation to the lost people, but also is a refuge for those in need of care and protection. The mentally ill have a place in the Christian community where they receive compassion, love and care.

Christian counseling is the avenue that the church uses to help people with issues that trouble them through the love of God, biblical principles and contemporary understanding of the issues about life. The aim of Christian counseling is to be able to use biblical principles; insight into the nature of the human race in order to guide the people in need find solution for the problems in their lives (Clinton et al, 2011). It is the interest of Christian counseling to help so that they are whole first in their relationship with God, able to worship and serve him, and secondly from that position of a good relationship with God, to relate with other human being so that together enjoy the days of their sojourn on earth.

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Christian counsel goes beyond the secular tenets of counseling in the manner they employ spirituality as a factor in attempting to address the problems that people have in life. Whereas the secular counselor may have no place for spiritual consideration (Clinton et al, 2011) in addressing the problems of people, the Christian counselor considers it to be of great importance. This is more so because the Christian counselor sees human beings as partly spiritual being as much as they are physical beings (Bromiley, 1979). Thus the relationship with the spiritual being (God), has a great bearing on how people live their lives while here on earth both as individuals and, as a community with others.

Christian counsel places the nature of the relationship of the human being with God at the centre of and pillar of the counseling ministry (Clinton et al, 2011; Bromiley, 1979). An individual's good relationship with God leads to a good relationship with other human beings. It is also the basis and foundation for a healthy life. To a Christian counselor, the problems that may bedevil individuals have their genesis in the broken relation with God and the eventual departure from his way. In their own eyes and understanding, human beings do not see the impact of their fallen nature and its contribution to problems that they struggle with in life. The purpose of counseling of people with problems therefore starts from restoring that relationship with God. This can only be achieved true sound Christian counseling and ministry of the pastoral service.

### **The Christian Perception on Mental Illness**

Bible and prayers are preferred by Christians thus psychiatric therapy is not for believers (Chapman, 2006). Therefore, in cases where one becomes mentally ill and decide to seek help from medical treatment they are not believers. The mental illness is considered to emanate from demon possession thus requires prayers and not medical treatment. They also believe that the senior pastor is the only person meant for dealing with issues related to mental illness. The mental illness is attributed to those who are only cut off from God thus lacking spirituality with him. This results to God failing to answer their prayers since they lack the ability to pray with faith as a result of their state of mind.

According to Sung (2007), some Christians assert that, in the presence of people with mental illness, worship is not holy thus restraining from attending church. The families of those who are mentally ill should identify the sins that they have committed in the past in order to seek forgiveness from God. This makes the recovery programs in church to become unnecessary since they consider the mental illness as a punishment from God. Some Christians also consider the counsels to be experiencing problems in personal and spiritual life due to contact with a dark spirit from the influence of mental illness.

This perception has discouraged many people having a mental illness to seek help from the Church. This also makes them refuse counseling, and they suffer from the guilt due to taking medication which in turn makes them stop and suffer even more. Some of them ought to stay

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away from family, friends, and society. Neukrug, (2010) the feeling of isolation facilitates the decision to commit suicide.

There is a substantial need to change perceptions of Christians towards mental illness. The change can be through integration with the scientific perspective that seeks to give justifiable reasons for mental illness and find the treatment for the same. The scientists suggest that the common reason for the metal illness is genetic, biological factors, viruses, and social environment, stress, and bacteria, chemical and physical factors. Therefore, the cause of mental illness may not only be due to demons possession there could be other complication for the same problem. Christians should also acknowledge scientific realities and embrace the need for chemical, psychological rehabilitation of the patients who are mentally ill.

Christians should be urged to take this situation as an opportunity for developing as believes who are mature thus coming closer to God through their faith. If church does not assist others in problems of mental illness, then it does not offer an opportunity for growth and an experience of faith. Churches are losing a lot for not providing sound Christian council for those who are mentally ill. Christians should have empathy and also offer assistance to the sick by praying for them but not avoiding them.

### **Literature Review**

Many churches have denominations which do not accept the notion of relating to mental illness resulting from its natural cause. There are many researchers who are developing treatments based upon the word of God. Adams (2002) contends that people with this problem

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do not agree to these issues to be a mental illness to avoid having a moral obligation. In addition, the psychology and psychiatry are seen to be taking away the responsibility of the pastors in the problem of mental illness. Neil, (2003) explain that the pastors are not expected to have the knowledge on both psychology and psychiatry fields. The psychiatrists are the doctors are considered to be lacking the traditional or functional ways of treating mentally ill people. These doctors have developed to the notion of the metal illness. There are those who believe that the mental illness is caused by an addiction, brain damages or abnormalities, genetics. Therefore, the problems related to mental illness should not be handled by a psychiatrist but the pastors and medical pastors (Kim, 2000). Problems experienced by those who are mentally ill are considered to be their own and not caused any other person, but themselves. This is also associated with the way human being ended up being corrupted as soon as they came from God. People are born in sins that result to lead them astray like speaking lies from the womb (psalms 58:3). Moreover, there is a notion that mental illness is a condition that is caused by natural reasons. There are medical models considered to be opposite of understanding the attributes of illness that are related to environments and not patients of mental illness; therefore, good understanding of the metal illness is substantial for determining the treatment and prescription (Clinton & Hawkins, 2011).

### **The Two Fields of Counseling**

In this study, all the counseling undertaken by people who profess the Christian religion is taken to mean Christian counseling. There is no distinction drawn in terms of which church is involved in the counseling. Sound Christian counseling for the purposes of this study then means

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the counseling that employs balance derived from the authority of the scriptures and spiritual in orientation, but also takes into consideration the advances in medical field. On the other hand, counseling that is done by know Christians, and that does not stem from the ministry of the church, is considered as secular counseling. The counseling by psychiatrists for purposes of this study is also secular counseling. The meanings given to the phrases are limited to the subject under consideration, which is mental illness.

The need for people who are able to help people with mental sickness is great. The psychiatrist and the Christian counselor therefore find their services very critical and useful in the present contemporary society. However, the two fields have different approaches and areas of emphasis when it comes to addressing the issues of people with mental disorders. This study will illuminate the areas where there is disagreement, but at the same time point out areas of convergence of the two fields. The emphasis though is on Christian counseling as the most appropriate and all encompassing when it comes to the treatment, care and counseling of people with mental illness.

Over the years, Christian and secular counseling have been practiced in the work of helping people with mental illnesses. There is a lot of evidence to support the standpoints of both fields contention of being the most appropriate over the other to deal with mental illness (Oden, 1966; Clinebell, 1970). The interest of both fields though, is the welfare of human beings who are in need of help. Secular counseling with its professional practitioners known as psychiatrists in scientific language, use methods that take into account the psychopathological (Caplan, 1964) issues as their point of departure in seeking help for people with problems in life. They do not consider the concept of Christianity as a factor in the treatment regime for the mentally ill. They

see Christian counseling as lacking in scientific knowledge required for effective diagnosis and treatment of people with mental disorders. Christian counselors see themselves as those who understand the human beings spiritual status, which is a factor in the treatment of mental illnesses. The area of emphasis for the Christian counselor is the relationship of the individuals with God. The spiritual status of the person has a bearing in their mental and psychological wellbeing (Crabb, 1977). To that extent, it is the Christian counselor and not the psychiatrist that can best handle that effectively.

### **Background to the Study**

#### ***The Prevalence of Mental Illness***

As the circumstances in the contemporary society continue to pose challenges in the lives of people, the prevalence of mental illness have equally increased (Scheff, 2009). It is not strange to find people suffering mental illness in all spheres of society; at home, in offices, in churches and in our communities. The greater awareness of the many forms of mental disorders that afflict individuals in society; have enabled people to know that what used to be taken as normal mood swings or just having bad days, are clearly, what constitute mental disorders that lead eventually to mental illness.

Mental illnesses manifest in different ways. Previously, people used to think that mental illness manifested only in particular ways especially through people seen with open insanity working in our neighborhoods and acting in ways that are obviously out of touch with reality. It is now established facts that there are people being afflicted by mental illnesses but acting

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normally without showing open signs of insanity within our society (Clinton & Ohlschlager, 2005). This is because some mental disorders are not apparent to the undiscerning person or manifest as the usual mood swings, bad day or just simple stress about the cares of life that one is having (Collins, 2007).

Many factors influence the development of mental disorders. They are in two broad categories, which are, present stressful circumstances and, predisposing factors. These two are the categories upon which mental disorders stem from (Coreil, 2010). Present stressful circumstances are all those influencing factors in ones environment that trigger and cause the disorder to continue. The example can be sudden loss of a job which can cause distress to a person being affected leading to depression that may cause one to have stress disorders. Job loss is therefore the stress-inducing factor that influenced the manifestation of the stress disorder. Many other present stressful circumstances can cause mental illness to people.

Predisposing factors are those factors arising from the things that had happened to an individual in the former or earlier years that remain latent and deep until there is a situation that triggers it. Predisposing factors can be from different categories. There are those that are biological in nature, some are social, while others are spiritual in nature. A person that had involved himself in cultic practices for instance, may find difficulty fitting in into the true fellowship of bible believing saints because of what he was predisposed on earlier. He may find difficulty in worshipping God without the rituals associated with occult practices.

Given the hard socio-economic circumstances, the psychological predisposition of individual, the sinful acts that people commit and the sinful state of the fallen human beings, the

prevalence of mental illnesses is only set to increase (Collins, 2007). This is because the pressures to meet obligations that society demands, the alienation from the loving and compassionate God because of sin, and the prevailing predisposing influences, make some people to be very vulnerable to mental illnesses because of the overwhelming circumstances they have to content with (Buss, 2005).

The purposes of this study is to underscore the importance of sound Christian counseling as a means to mitigate the situation and help those suffering mental illnesses find treatment and relief. Sound counseling gives a balanced approach to dealing with people with mental illness.

### *The Misconceptions of Mental Illness*

Both Christian counselors and psychiatrists share and agree with many of the conditions that influence the development of mental disorders (Clinton et al, 2011). The psychopathological elements that lead to mental illnesses do not discriminate the religious persuasions or scientific stance of any individual. Both a Christian and a non-christian are equally vulnerable to mental illness because they live in the same environments. However, the Christian worldview about mental illness and, the manner in which they react to such circumstances differ from those who are not believers.

Approaches to treatment of the mentally ill generate varied standpoints. There are those who hold the view that Christian counselors are not well equipped to handle issues of mental illness because mental illness is a different field from religion. Those holding this view see Christian counseling as crossing the boundaries of what is primary a medical field and not a spiritual field. The Christian on the other hand, sees Christian counsel as being well placed to

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deal with matters of mental illness because it is both a spiritual, social and psychological (Clinton et al, 2011) matter which they are well equipped to handle.

There is also misconception within the Christian circle. One school of thought see mental illness as emanating from the sinful acts and sinful nature of the fallen (Collins, 2007; Clinebell, 1970) man and thus treatment requiring confession of sin and a commitment to living by the principles and tenets of the scriptures. The other school of thought goes further to add to that the need to have a healthy horizontal relationship (with other human beings and the surrounding environment) as a prerequisite to stemming mental disorders (Snyder, 1968). This study is illuminating on the need for sound Christian counsel that embraces conventional approaches in dealing with people having mental disorders. They contend that approaches be built on sound Christian principles.

### **Statement of the Problem**

Mental illness is a major problem today causing distress in families and to relationships. It is also a major economic burden to society in terms of the care and treatment provisions needed by such people. When an individual suffers from mental illness, the impact of it goes beyond self to affect many others in society (Barry, 2002). First, the individual loses their capacity to relate well with others, may not be able to perform normally and may exhibit tendencies and potential of hurting themselves and those around them (Collins, 2007). Those around them and family members suffer emotionally and psychologically as much as do the mentally ill themselves. Economically, the expense of treatment and care of such persons is bone

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by the family members, friends, relatives and the state. The state is under duty to provide for health-care including building institutions and facilities for the treatment. Dealing with the mentally ill also calls for patience and compassion on the part of caregivers and family members and society to help the sick people in the recovery and treatment. This has psychological impacts on all the affected persons and the society at large (Barry, 2002).

Treatment and care of the mentally ill have employed both secular and Christian approaches. However, there are raging debates as to which approach is appropriate in dealing with people who suffer from mental disorders (Oden, 1966). There are arguments in favour of exclusive employment of psychiatric practices in the treatment and care of the mentally ill. Those holding this view, argue that it is the field with the expertise, resources and proven record of detecting, treating and caring for people with mental illnesses and therefore well placed to handle the issues mental health (Boehnlein, 2000). They also contend that, mental illness is a medical condition and not a spiritual issue to be ‘shared’ and addressed by the clergy who are ill equipped to handle medical conditions (Caplan, 1964) from the point of view of the psychiatrists.

However, the Christian counsel, believe that the church has always been concerned and involved with the treatment and care of the mentally ill (Mallet & Read, 2003). They view mental disorders as resulting from the sinful acts and fallen status of the human race (Tan, 2011). Treatment of mental illness has therefore to begin from addressing the element of the human relationship with God, other human beings and his environment. To this extent, spiritual element is the key needed in addressing the condition of the human being, especially mental illness.

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The two positions above, though sharing the psychopathological factors that trigger and influence the development of mental illness, take different parts when it comes to treatment and care of the same people. It is the purpose of this study to examine these arguments in the light of the existing data and experiences of individuals in the case studies. The aim is to establish the merit in favour of Christian counseling as being more comprehensive, desirable and competent in dealing with people with mental illness. Both history and practical examples show the extent to which Christian counseling has helped many people find solutions and relief for their conditions. Secular and more specifically psychiatric treatment alone is not enough for all the conditions manifested by mentally ill people. Certain conditions require and are proven to be effected addressed by spiritual approaches that psychiatry with its stand on spiritual matters as out-dated concepts, unable able to achieve. Many people have received treatment and relief of their conditions because of sound Christian counseling through the use scriptural principles and practices.

The purpose of this study is to examine the arguments presented by the two sides and elucidate the importance of sound Christian counsel in the treatment of the mentally ill. It will also address the misconception both in the secular circles related to mental illness and its treatment and care of those suffering from it.

### **Research Questions**

This study aims to answer the following questions in order to establish the importance and place of sound Christian counsel of the mentally ill people.

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1. What are the underlying factors that contribute to the development of mental disorders in the society?
2. How are people with mentally illness viewed in society, the church and medical circles today?
3. What are the points of contention between secular counsel and Christian counsel and how do they approach the diagnosis, treatment and care of the mentally ill people?
4. What can Christians in the Church of Jesus Christ offer as a solution to the mentally ill patients prevalent in society?
5. Can a mentally ill person receive true wholeness of health once pronounced by psychiatrist as mentally ill?

These questions form the basis upon which the dissertation is developed. The answers are generated from the literature review and the discussion therein.

### **Significance of the Study**

This study aims at exploring the perception of Christians towards mental illness with a view to understanding the contribution they are making in order to make society a better place for all human beings irrespective of their health challenges. It seeks to elucidate the role Christian's counselor's play in helping people with mental illnesses even as they draw their inspiration from the compassionate and loving God who is ready to heal humanity of all their illnesses, and from the bible from which they draw the principles they employ in the counseling ministry. This study seeks to establish ways that Christians can use in sound Christian counseling

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in order to assist effectively those who are mentally ill. Sound Christian counseling follows balanced approaches coupled with the right attitudes and compassion in their ministry to the mentally ill. The church institutions around the world are leading in offering recovery programs to patients of mental illness. These institutions use both biblical perspective the way Jesus Christ handled those who had an unclean spirit as well as contemporary approaches in their efforts to give balanced and effective care and treatment to the mentally ill.

The study examines the contentions between psychiatry and Christian counseling in dealing with mental illness. It seeks to present strong argument of the important place that Christian counseling place in the treatment of mental disorders. Examination of the historic involvement of the church and religious institutions has played in the dealing with mental ill people and the biblical foundation of the same shall form the basis of the argument.

The study will also evaluate the effectiveness of Christian counsel provided by the available institutions to the mentally ill patient. An evaluation of one of these organizations provides a sample perspective and an authoritative preview of the churches contribution to assisting people with mental disorders. Evaluation of the approaches to counseling and the illumination derived from the case studies will help address any shortcomings and misconceptions in the ministry of counseling of the mentally ill people. This can assist churches to rectify any anomalies so that sound Christian counseling is done in a professional manner yet at the same time, sharing the compassion and the love of God to people with mental illness. The study will also provide relevant resources for formulating strategies integrating other Christian ministries with recovery programs and spiritual growth for those who are mentally ill.

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This study will identify aspects of effectiveness by the Christian institutions that offer recovery programs for mentally ill patients in relation to physical, psychological, spiritual dimensions of the patient's lives. In this way, the entire Christian body may find reasons for providing sound counsel and care for mentally ill persons rather than stigmatizing them.

### **Assumptions**

It is the assumption of this study that the research and the issues discussed will add to better understanding of mental illnesses leading to better handling and treatment of those afflicted with mental disorders. There is substantial knowledge available relating to mental illness, but the approaches adopted in this study is assumed to be able to illuminate the few areas of misconception in a manner that is clear and easy to understand.

In the same token, it is the assumption of this study that the shortcoming and the point of variance between secular counseling, as practiced by psychiatrists, and that of the Christian counseling are in this study elucidated with a view of shading light to the place and importance of sound Christian counsel for the mentally ill. It is the focus and expectation of the study to achieve a balanced understanding of the two fields and an emphasis on the importance and place of sound Christian counsel of mentally ill persons. The study attempts to answer some of the questions arising out of the controversy between the secular and Christian counsel. To that extent, the assumption is that sound Christian counseling adequately and comprehensively addresses the problems of the mentally ill in the society.

### **Limitations**

The study will concentrate in building its case for sound Christian counsel of the mentally ill mostly through qualitative literature research and limited case studies. No field research will be undertaken for purposes of collecting data for the study. The information derived from the literature reviewed is adequate to generate the desired results that answer the research question. The time and resources constrains are the major factors for the adoption of this method of undertaking the study. The chosen approach is nonetheless sufficient for the purposes of this study and expected to yield the outcomes set out that answer the research question.

The study is also limited to answering the research question associated with mentally ill, and sound Christian counseling. It is not going to deal with specific disorders, all the mental disorders, or all the subsequent mental illnesses that afflict the human race in specific terms. The mental illnesses and disorders mentioned or used as examples, are only for purposes of illustration and clarity of the discourse. They are not to give the impression that they are the only mental illnesses that Christian counselors deal with. The study is limited to the position and employment of Christian counseling in assisting, treating and expression of care of the mentally ill people. Its scope does not intend to address all the issues pertaining to Christian counseling outside of the boundaries of counseling with the mentally ill people.

### **Organization of the Study**

The study is organized in a manner that adequately captures the research purpose, which is to establish the place of sound Christian counseling of the mentally ill in the society today. At

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the very beginning of the study in chapter one, the research gives a brief introduction of the whole aspect of Christian counseling. It attempts to identify key elements associated with Christian counseling and introduces the subject of mental illness and the issues informing the study. The chapter establishes the study problem, the research questions and the significance of the study. The misconceptions and the divergent positions taken by the two fields of the contention are set in this chapter

The second chapter looks at the available literature covering all the major issues dealing with the research purpose. The literature review delves in detail about the Christian counsel, secular counsel with emphasis on psychiatric treatment, its place in dealing with people with mental illnesses, and the weaknesses of psychiatry. The subject of mental illness and related issues, and the influencing factors that cause mental disorders, are covered in an in-depth manner. It provides the historical and biblical foundation of Christian counseling. It also shows how it has evolved over the years to what it is in today's contemporary society.

The third chapter explains the methodology used to inform the framework guiding the study. The study chose to use qualitative literature research as the most appropriate method of data collection in support of the study's purpose. To complement the method, case studies are employed in order to ground the understanding of the subject under the study as well as to answer effectively the research question

The fourth and last chapter of the study discusses the case studies, the literature reviewed in order to establish to what extent the research questions; the assumptions of the study have

been achieved. It also gives recommendation appropriate for further action on the subject under review. Finally, it offers a conclusion that summarizes the key issues that informed the study.

### **Mental Illness**

In order to be able to carry out the ministry of sound Christian counseling to the mentally ill persons, it is necessary to know what mental illness is. This will help those doing the ministry of counseling to be effective in such ministry and meet the specific needs of people with mental disorders.

Mental illness arising from various disorders is an old age phenomena recognized as early back as the sixth century BC. In the Egyptian history documents for instance, there are records making references to dementia, senile, hysteria and melancholia like tendencies that people of the time used to manifest (Collins, 2007, pg 634). This shows that people suffering from such ailments did exist. Because of such conditions being prevalent, various ways of dealing with and treating them were practiced. These means and methods were necessary in order to deal with such cases. Philosophers of the time like Plato and Hippocrates had proposed very interesting and sometimes unorthodox ways of treating such mental disorders. Some of the methods were cruel, torturous and inhuman. However, they were acceptable to the civilization of the time. Sometimes people suffering certain mental illnesses got ostracized from the society as being outcasts and refused from freely mingling with healthy people. It was feared that association with such people might lead to one also falling into the same demise. In the centuries that followed though, various way of detecting, dealing with and treating symptoms of “people

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assumed to be lunatics, demon possessed, or out of their minds (Collins, 2007), were practiced. This reflected tremendous improvement from the insensitive practices of the past. In the recent past though, effective methods of detection and treatment of mental disorders, have been developed and practiced. The developments are still evolving and improving with the advancement in more scientific methods of research. The advent of cutting-age technology and medical advances has brought improvement in the diagnosis, treatment and care of the mentally ill. Both the use of drugs and non-drug methods are now available to help mentally ill people to overcome their conditions and fit into the society like any other member. Moreover, Christian counseling and approaches are becoming more relevant to the intervention and treatment of mentally ill persons. These approaches incorporate faith in the power of God to heal those affected as well as the use of Christian principles to guide towards recovery and proper living.

### **What is Mental Illness?**

A definitive answer that is acceptable to all people as to what mental illness is, is not possible to give. Many scholars give varied definitions of mental illness depending on the manifestation of the metal illness and the severity of the condition manifested by the sufferer. This is more so because the term mental illness encompasses “a broad variety of symptoms that could fall into several overlapping categories” (Collins, 2007). Some of these overlapping categories are;

#### *Distress:*

This may manifest in various ways including emotions of anxiety, conditions of depression, outbursts of anger, and other psychological and emotional suffering. Not all this may appear as physical conditions manifested for everyone to see. There are those who approach the definition of mental illness by looking at the distress disorders manifested by the patient.

#### *Deviance:*

The manifestation shows when an individual thinks and acts in a manner that is unusual, inappropriate and outside of the expected norms that the society considers and believes to be normal. When this happens in a manner that disrupts the social order and affects both the perpetrator and the victim, then it becomes a mental illness. This too does not manifest physically. Some definitions follow this line of thought in defining mental illness.

*Disability and Dysfunction:*

Other scholars define mental illness from the disability and dysfunction manifested by the ill person. The person suffering from this mental illness manifests it in various ways. The person “may be unable to attain ... goals, have difficulty handling day-to-day routines leaving, or not able to hold a job or a clear conversation” (Collins, 2007). The examples of people that may manifest this condition are those who have personality disorders, deep depression or phobias

These conditions at their various degrees of manifestations constitute generally, what is mental illness. The manifestation of these conditions can appear as mild or severe in the life of the person who is ill thus the characterization as mild or severe disorders. To distinguish the two, mild disorders are not easy to detect allowing the afflicted person to pass as normal, while the severe disorders are apparent making it easy to initiate treatment for the ill person.

The dilemma facing people with mild disorders is that they are able to begin treatment or intervention early in order to manage the situation. Often by the time they realize the gravity of the situation, the condition may have already reached a critical stage of impairment. This is because the person suffering with mental illness at this mild stage “functions well in all areas, is interested and involved in a wide range of activities, gets well with others, is generally satisfied with life, and has no major worries or problems in life, although all may not be well” (Collins, 2007). At times, such people may experience mood swings but overall maintain a balanced life where they function normally. People with this type of mild disorders need medical intervention “that make needed chemical changes in the brain” (Collins, 2007) to allow them carry out their

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day-to-day functions without disruptions. Above all, the need sound Christian counseling that will refocus their lives and build a healthy relationship with God.

Extreme disorders on the other hand, have symptoms that are easy to detect and determine. This is because the person suffering from mental illness characterized by extreme disorders, manifests thinking that may be distorted, faulty communication, impaired contact with reality and having difficulty relating with other people, and cannot function normally in society. Such people are prone to self-harm or causing harm to others.

Because of the unclear and specific definition of mental illness, the condition labeled and characterized by some as either insanity or nervous breakdown. This is because more often the sufferers manifest such attributes that border on insanity and mental breakdown. Professional counselors however, refer such conditions as psychopathology, emotional disturbance or mental disorder (Collins, 2007). Most Christian counselors agree with the professional characterization, but also believe that it is alienation from God because of sin. Some however, adopted dogmatic views considering it as demon possession.

There are several types of disorders identified that people suffer from. These disorders are set into five categorizations referred to as axes. The categorization relate to the symptoms manifested, and the "... severity of impairment. Schizophrenia, for example is a disorder that can be divided into mild, moderate, or severe in intensity" (Collins, 2007).

For sound Christian counseling, it is important for the counselor to be well informed of the DSM-IV classification and the "major symptoms of psychopathology, the major causes of

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mental illness, and some of the ways in which mental patient and their families can be helped” (Collins, 2007).

The table below shows the groups of conditions in the DSM-IV axis as classified in the DSM-IV manual that help in the understanding of mental illness so as to give specific treatment and counseling for the specific mental illness. The conditions in the manual are the ones the Christian counselor helping people with mental illness will get in the field.

Groups	The Disorder
Associated with infancy, childhood, adolescents,	Mental retardation, learning, motor skill, communication, pervasive development, feeding and eating, elimination, tic, elimination and other disorders of infancy
Cognitive disorders	Delirium, dementia, amnesic and other cognitive disorders
General mental conditions	Mental disorders due to general medical conditions not classified elsewhere
Substance related disorders	Alcohol-related, amphetamine-related, caffeine-related, cannabis-related, hallucinogen-related, cocaine-related, inhalant-related, nicotine-related, opioid-related, phencyclidine-related, sedative, hypnotic and other related disorders
Psychotic disorders	Schizophrenia and other psychotic disorders
Mood disorders	Depressive and Bipolar disorders
Anxiety disorders	Panic disorders, phobias, post-traumatic stress disorders,

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	acute stress disorder and generalized anxiety disorder
Somatoform disorders	Pain disorders and hypochondriacs
Factitious disorders	Feigning of physical or psychological symptoms
Dissociative disorders	Amnesia and multiple personality disorders
Sexual and gender disorders	Sexual dysfunction, paraphilias, gender identity disorders
Eating disorder	Anorexia nervosa and bulimia nervosa
Sleep disorder	Apnea
Impulsive control disorder	Kleptomania, pathological gambling and pyromania
Other conditions	Medication-induced disorders, malingering, , relationship, academic, occupational, religious, acculturation problems

*Source: Diagnostic and Statistical Manual of Mental disorders, 4<sup>th</sup> Ed. (Retrieved from Kaplan and Shaddock's Synopsis of Psychiatry: Behavioral Sciences clinical – 30<sup>th</sup> October 2012)*

It is important for sound Christian counsel to meet the needs of the mentally ill people to understand the varied condition that manifest for proper provision of care and accurate counsel. It is very possible for wrong diagnosis of the condition of mental illness to lead to wrong treatment and thus failure to help the sufferer. Such scenario can lead to discouragement on the part of the sick person and frustration on the part of the counselor for both fail to meet their interest in the counseling program. A proper understanding of the disorders to cause mental illnesses is therefore a pre-requisite for sound counsel for the mentally ill.

### **What does the Bible say about Mental Illness**

The bible talks much about the state of human nature and the issues that bedevil them, causing suffering and sickness. A lot about the human condition and the relationship with God is given in the bible. Many of problems and struggles that human beings go through are associated with their fallen condition because of sin and separation from God. However, it also shows how the compassionate God intervenes in human affairs to bring them hope and healing from the result of sin and alienation from His redeeming grace.

In describing the condition and the nature of man in his fallen state and resultant consequences, the bible does not use the psychopathological language used by the contemporary professional psychiatric or counselor, but give very important insight of the conditions addressed in psychopathology. In the book of Romans for instance, a clear picture and consequence of the entrance of sin into the world receives a very critical analysis that gives the understanding of the relationship of God and the fallen man and how the fallen man actually is. It states that as a result of sin ruling human beings in their fallen state (from that perfect state that God had intended for human beings), God "... gave them up to depraved minds" (Romans 1:24, 26) to do what they deemed fit in their own eyes. As a result, much suffering characterizes the state of human beings in society today. The use of the phrase 'depraved minds' is taken to mean insane and sick minds. A mind that is not in line with the will of God and does those things that are contrary to biblical principles is the one characterized as 'depraved'. It is this state of the human being that according to Christian counselors that is the basis for mental disorders.

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The bible refers sin as both the acts that are sinful in the eyes of God and, as the sinfulness state of the fallen human beings, which leaves them alienated from God. This situation leaves them broken and hopeless without the warmth of the liberating grace of God and sense of belonging. According to Collins (2007), the evidence of this state of alienation from the loving and compassionate God is demonstrated "... in our moral standards, criminal actions, interpersonal conflicts, and undoubtedly in our symptoms of psychopathology" (Collins, 2007, p. 635); however, the bible does not only demonstrate the fallen state and alienation of human beings from a loving and compassionate God as the reason and cause of human suffering. It also expresses the liberating attributes of the same God to save human kind from their depressing conditions through faith in Him and the delivering act and saving grace through Jesus Christ. It is the expression of the Christian faith to believe that God not only promises to "gives us the gift of life after we die [but also] periods of fulfilled life while we are here on earth" (Collins, 2007) that is full of hope and happiness.

Because of these attributes of God and His relationship with the human race, His servants in the church of Jesus Christ are commissioned to be caring, loving and compassionate in tending the flock of God (believers in Jesus Christ) and those that are helpless and weak in society. It is one of the ways of sharing with others in the compassion of God on one hand, and carrying out the great commission of Jesus to go "heal the sick, show compassion to the needy and preach the gospel to all nations..." (Acts 1: 7, 8, KJV), on the other hand. Among those that the Christian are to tend to with understanding and compassion and pastoral care, include the mentally ill and those without hope in society. These people have "physical, psychological and spiritual needs" (Collins 2007) that can best be handled through sound Christian counseling and church ministry.

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There are in the bible excerpts that attempt to address issues of mental disorders without necessarily categorizing and classifying them in the same manner that the professional field of psychopathology does. The study examines three of these instances in order to get the biblical perspective of mental illness. We will examine their causes, impacts and resolutions. Two of these shall be drawn from the Old Testament and one from the New Testament. In the Old Testament, we will look at King Nebuchadnezzar and King David. The two had different manifestations of mental disorders. In the New Testament, we will examine one case about a roman ruler called Festus who attempted to disrupt the discourse of Paul on the grounds that he was insane. All these cases give us insight into the condition of mental disorders in varying degrees from the biblical perspective without necessarily explaining them in psychopathological terms.

### *King Nebuchadnezzar*

The kingdom of Babylon had made great strides in development under King Nebuchadnezzar through the grace and favor of God to emerge as the leading and powerful nation of its time. The king however sought to disobey God deliberately and attribute to himself the phenomenal success of the kingdom. His acts amounted to disobeying God and were imputed upon him as sin towards God. In the sight of God, the sin of disobedience is as worse as the sin of witchcraft. His suffering therefore was as a result of that sin of disobedience towards God.

He was consequently driven from among human beings, lost his sanity and lived among animals, acting and exhibit their attributes. It was not until the end of the appointed time that Nebuchadnezzar looked up to heaven to acknowledge that God truly rules over all, that his

deliverance came. He says about his experience that ‘My understanding (sanity) returned to me and I blessed the most High and worshiped Him’ (Daniel 4: 34 KJV).

The act of behaving and assuming the attributes of animals means that Nebuchadnezzar lost his normal human nature. He was not in control of his senses and was doing things that sensible human beings would not do like eating grass and comfortably living among animals in the wild. That condition can only be characterized as a mental disorder in psychopathological terms. The kind of person that Nebuchadnezzar had become is in today’s thinking be deemed mad.

Nebuchadnezzar’s deliverance however, did not come as a result of medical or psychiatric treatment, but by the intervention of God. However, it took the realization by Nebuchadnezzar of the genesis and contributory factors that brought about his condition (his sin of disobedience and pride) and, his acknowledgement of whom God is for his circumstances to change and his sanity to come back. This shows that God intervenes in the affairs of human beings including those with mental disorders. More often mental disorders are as a result of actions that are contrary to the expected societal norms that human beings are supposed to live by.

As God’s family and representatives on earth, the church has a duty to minister the same compassion and love to the mentally ill in society to bring them healing and deliverance. Nebuchadnezzar’s choice to acknowledge and worship God is likened to repentance and restoration of the relationship with God, which form the basis for his healing from the disorder he suffered. This is the same principle and point of view taken by Christian counselors that can

lead to the healing of the mentally ill people. Living in sin is the same as living in disobedience towards God just like Nebuchadnezzar did. Acknowledgement of God, repentance and worship of Him brings healing and restoration.

### ***King David***

The account of King David feigning insanity, though out of pretence in order to hoodwink his adversaries, as he was very afraid for his life, clearly illustrates the prevalence of psychopathological conditions as recognized in the Old Testament times. David pretended to be insane by scrabbling the doors of the gate and drooling his head letting spittle fall through his beard, an act that made Achish (King of Gath) to dismiss him as mad and of no need to him (2 Samuel 21:13 KJV). In David's time, people who were insane or mad were considered as the bane of society and thus not welcome to the community of normal people. More often, they were left alone without being subjected to further harm as they were considered to be already paying for the sins that they had committed. That is how David's behavior worked for him.

### ***Paul and Festus***

In the New Testament, a case about Festus interrupting Paul as he was defending his preaching of the gospel of Jesus Christ is captured in the account recorded in the Acts 26:24. Festus believed that Paul was acting and behaving the way he was doing because he was insane or mad because of much education. This was because of the eloquence in which he was expanding the scriptures and explaining prophecies about Jesus and the great commission given to him (Paul) to make known to all people and nations the salvation of God. Festus considered Paul as someone who was a lunatic because he talked of matters that were beyond his level of conception.

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The reason why Festus considered Paul as insane was because he was fully aware that such people existed in his society. Both in Festus time and in today's contemporary society, invoking insanity is a sure enough reason to make an accused person not to be held responsible of their actions before the court of law. Such persons are considered as having mental disorders that make them not to be in control of their actions. Festus was therefore dismissing Paul's account as he stood charged before him on account of insanity.

We can thus surmise is that mental disorder was fully acknowledged in the bible times because such cases and people did exist. However, this was not done following the psychopathological classification and categorization, as we know it today. According to Collins (2007), there are in the bible many "... references to many of the emotions that form the basis of mental disorders, including anxiety, anger, discord, jealousy, envy, lust dissension, selfish ambitions, impatience, lack of self-control, idolatry, orgies, marital infidelity, gluttony, drunkenness, strife, lying, violence" (p. 638), among other conditions associated with mental illness.

Though the bible does not outline treatment for mental disorders, it makes references that show that such conditions did obtain during the bible times. It also does not state that all such conditions are as a result of personal and deliberate sin committed by the victim. However, what is clear is that "all physical and mental disorders are caused by sin which entered the world centuries ago" (Collins, 2007) through the fall of the first human being, Adam and Eve as related in the book of Genesis.

### **What are the Causes of Mental Disorder?**

There are many different types of disorders afflicting people with mental illnesses. They vary from person to person and may exhibit different symptoms. They are also triggered by different causes. It is possible to find two people who show the same symptoms but having very different causes for their conditions. It is also possible to find a single cause eliciting different symptoms of the mental disorder and subsequent mental illness. Despite the different ways in which the mental illnesses may be triggered or manifested, "... all mental disorders arise from a combination of present stresses and past predisposing influences" (Collins, 2007) that the victim has gone through over the years.

For sound Christian counseling of mentally ill people, it is important for those doing that ministry to be well informed of the varied causes of mental illness. Being informed is a prerequisite for getting adequately equipped to help those that are in need of this important ministry of counseling. Inadequately informed and equipped persons are likely to give wrong diagnosis and help to the mentally ill. This may lead to both discouragement and aggravation of the conditions. The victim will go without help while the counselor becomes frustrated.

There are therefore a number of causes that can be identified as the causes of mental illness that can be stated in this dissertation. These are as follows;

#### *Stress*

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According to Collins (2007), there are “at least four categories of stresses that contribute to the development of mental disorders: biological, psychological, social, and spiritual” (p. 639). He postulates that stresses of the biological nature arise from diseases that an individual may suffer from, the influence of drugs the person may be exposed to, including pollutants and toxins, lack of physical exercises, brain damage and lack of sufficient sleep on the part of the victim among other conditions. These conditions, if they are prolonged may cause a person a lot of stress that may result in mental illnesses.

Stress that is of psychological nature, results from “frustration, feelings of insecurity, inner conflicts, fears, or pressure to get things done when we have too much to do” (Collins, 2007). People who place for themselves high standards which they cannot achieve, or student who fail to perform well in exam, are likely to suffer from this type of stress which may cause them to have mental disorders.

Social stress can arise as a result of various factors. This may include unemployment, political tension, instability, hard economic situations, exposure to degrading and inhumane treatment, noisy and overcrowded places of aboard as a result of displacement among others are circumstances that may bring about mental disorder. Paul in the bible faced grave socially stressful conditions in his mission to preach the gospel that can easily make an average person to lapse into mental disorder (2 Corinthians 11:25 - 27).

There are at the same time stress of the spiritual nature that can afflict individuals. The bible asks Christians to be vigilant lest the fall prey to falsehood. Paul was greatly distressed in the work of preaching the gospel. He had the burden of ensuring that those who had come to

believe in the salvation, and were constantly under attack for their faith, may recant the faith because of persecution. He had the burden of the care of the churches, defense of the gospel and due to false and wrong doctrine that was perpetrated by false brethren. In Ephesians, he calls on Christians to be alive to the tricks of the devil lest they become victims.

### *Predisposing Influences*

Predisposing influences are those circumstances in ones past or background that tends to stimulate the mental illness and influence the degree of severity. It also influences how one reacts to stressful circumstances that bring about mental illness. These background influences can be of several types and may affect individuals differently. The same background can affect and influence two people differently when faced by stressful situations. It can elicit different mental disorders and emotional reactions. For instance, when a hurricane hits a place and people lose their possessions, “the same loss that leaves one person depressed and immobilized may stimulate another to acts of compassion and determination to overcome the loss and to rebuild” Collins (2007). It is therefore incumbent upon the counselor to understand these predisposing influences and the impacts that can bear on different people for them to be able to give sound Christian counseling to persons with mental disorders that specifically meet their need for treatment and care.

Predisposing influences can be of different types. For the scope of this dissertation, three will suffice to point out here. For a Christian counselor, it is necessary to know the spiritual, sociological and biological background influences that can affect and lead to mental disorders and the subsequent mental illnesses.

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First we have predisposing spiritual influences that can stimulate mental disorders may arise from individuals past involvements in rituals, abusive and wrong church experiences and sometimes open sinful acts committed even after one has professed Christianity and have been forgiven by God. These predisposing influences may trigger mental disorder in an individual and lead to wrong way of living. The counselor needs to know how to detect what the person's spiritual background is in order to be able to give sound counseling. Wrong diagnosis may leave the person with issues lying latent only to cause them problems later on. Dealing with spiritual predisposing influence that bring about mental disorders, can best be done by Christian counselors much better than the secular psychiatrist.

Secondly, there are sociological predispositions that can trigger and influence the gravity of the mental disorder. The place where one lives, the groups one associates with, the economic level and status of an individual and the kind of religious membership and affiliation one belongs to, are the social backgrounds that have influence on the psychological status of an individual. The place where one lives in is dictated by the socioeconomic factors such as the income levels of individuals. Often poor people live in crowded place with low standards of living. The economic statuses also determine the level of treatment they can afford and the kind of recreation and amenities available to them. The same can be said of the affluent. They live in relatively better neighborhoods, able to make choice of their recreational places and, are well able to afford to choose better treatment for their health conditions when they arise. It is therefore a fact that "where one lives ... can have an impact on the prevalence and availability of treatment for mental disorders" (Collins, 2007) as well as the kind of mental illnesses that they are predisposed to. It is evident that the levels of stress are different depending on whether one is in the rural

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setting or urban. At the same time, the level of access and availability of treatment is also influenced by whether one is in the rural or urban place.

These sociological factors can determine the severity of mental disorders. They can influence the gravity of the condition, the level of treatment and the span of time it may take to help the person having mental illness. It is therefore necessary for the counselor to be aware of all the sociological factors that can be of influence to the condition the mentally ill person is exposed to in order to be of reasonable help. This are the tenets of sound Christian counseling that mark it for excellence compared to secular treatment of the mentally ill people.

Thirdly, there is predisposition based on the biological factors that can be the triggering factor for mental illnesses. This "... includes effects of heredity, physical health, congenital defects, or other physical influences" (Collins, 2007). It is evident and established scientifically that some people become mentally ill because there were people in their family that had similar illnesses. Such people become mentally ill because of genetic inheritance from their lineage.

Related closely to biological factors are predispositions that are of the psychological nature. Many people go through varied experiences that affect them psychologically and that may lead to mental illness. For instance, children that have experienced abuse in their formative years may later on in their adult life experience mental disorders triggered by those experiences. They may tend to become abusive themselves and cause others harm. Other predispositions of biological nature that may influence the development of mental disorders "include the effects of early family disharmony, childhood losses, parental neglect, , faulty learning, previous rejection,

or an upbringing that was so demanding and rigid that the person always felt like a failure and carried this attitude into adulthood” (Collins, 2007, p. 640)

### ***Locus of Control***

Locus of control is the ability and level to which an individual has control or lack thereof of the circumstances of their lives. Some people carry themselves in live in a manner that allows them to have control over what goes on in their lives. People who view their lives in this manner that allows them relative control of their affairs have what is called internal locus of control (Collins, 2007). They are masters of their own destiny or do have direct influence on what goes on in their live. Others, however, allow circumstances to control their lives. They leave everything to chance and believe that whatever happens, they have no control over them. These kinds of people have what is called external locus of control where they “assume that events in one’s life depend on other people, on circumstances, or even on luck or chance” (Lefcourt, 1992; Benner & Hill, 1999). These people see their situations being influenced by external forces beyond their control.

It is proven facts that people with internal control are able to stay healthier than those with external locus of control are. This is because those who exercise internal locus of control are often more optimistic and positive about life than those that are predisposed to external locus of control for they are more often pessimistic about their circumstances leaving them to chance. In the same manner, the optimistic are able to face stressful situations with some level of hope and optimism that they will overcome their predicaments. However, those that are predisposed to external locus of control are more likely to be overwhelmed by stressful circumstances and eventually give up trying. When such happens, they may end up developing mental disorders.

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The level of control therefore has a direct bearing on the mental health of an individual (Walker, 2001). Interestingly, locus of control is not an inherent trait, but is a learned phenomenon (Petersen et al, 1995). According to Peterson and others, those who are not in charge of their lives have learned to be helpless, while those who are in control of what goes on in their lives have equally learnt to be that way, that is optimism. Collins (2007) asserts “...people who have learned to feel helpless tend to be more depressed and have poor mental health. In contrast when people begin to see that they can control their lives, they develop a sense of optimism, and their mental health is better”. One can learn to exercise control over those events that come their way or conversely, learn to be passive and allow those events to dictate the direction of their lives.

It is therefore appropriate to say that the impact of present stress that influence mental disorders and the predisposing influences that trigger mental disorders are both tempered by the level of control that an individual exercises in the events of their lives. Those with high levels of control over the affairs of their lives, are well able to lessen the possibility of developing mental illnesses as compared to those who are pessimistic, have low control and passive. These kinds of people are more likely to have mental disorders that are more likely to bring about mental illness. This is why locus of control in these people becomes the cause the precipitating condition for mental disorders in their lives.

The Christian counselor needs to know the importance of the locus of control in their ministry to the mentally ill. Exercising internal locus of control enables Christians to face any form of adversity knowing that a strong positive faith in God being able to change the circumstances that may be stressing is part of the positive Christian living. Faith that God is in

control over the situation that they may face and that He will make all things to work for good to those who love and diligently seek Him, is a state of being positive for the future. Such predisposition challenges the present stresses and predisposing influences and thus reduces the impact and chances of being affected by mental illnesses. As Collins (2007) puts it, "... believers can be overwhelmed by stress and past influences, but a sense that things are under control can help to prevent mental disorders and the harmful impact of stress-inducing influences" (2007, p. 641).

### *Sin*

For most Christians, mental illness or disorders are caused by sins individual must have committed against God and other human beings. They see sin generally as the cause of mental illness. For these people, treatment for mental illness is by having those having the disorder confess their sins and repent of their wicked ways. There are also those who see mental illness as caused by forces beyond the control of the affected persons. In the earlier years, the causes for mental illness were primarily believed to be caused by demon possession, witchcraft. Those holding these views see mental illnesses as caused by demon possession, or witchcraft cast upon individuals or rituals performed to and by the victim. To reverse the condition, they see deliverance services as of paramount importance. At the same time, they consider counseling as the answer that will guide and bring healing to the afflicted.

These views and positions do not take into account the dynamism of sin. Sin should be looked at first both as the acts committed by individuals against God as well as the inherent state of the fallen man which afflicts the whole human race. The former may involve deliberate sins

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committed by people knowingly while the latter is the pervasive condition of the fallen human beings that characterizes human nature. Secondly, mental illness does not only come as a result of sin done by those suffering mental disorders but that there are many other factors and causes that bring about mental illnesses as discussed elsewhere in this study. These biological, psychological, social as well as spiritual issues precipitate mental disorders. These have to be considered in attempting to assist people suffering from mental disorders before placing them into recover programs. Thirdly, sin need to be looked at from the perspective of responsibility. There is a need to establish whether the person suffering from mental disorder is responsible for the circumstances or whether others are responsible for the factors influencing the conditions. Bruce Narramore in his work published in the *Journal of Psychology and Theology* (1985), identifies four quadrants in which mental illnesses can be placed and treatment considered as well. This captures the two types of sin mentioned above and are shown in the table below.

		Oneself	Others
Type of Sin	Specific, often deliberate conscious sin	I	II
	Inner sinful human nature	III	IV

*Source: Collins 2007*

In the table above the quadrant, the two types of sins are shown and the responsibility for them are shown as either being by the individual or by the act of others. In the quadrant I, the mental disorder is as a result of the sin committed by the person specifically and deliberately. In such case, the responsibility for the consequences and the treatment or reversing of the situation

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lays in the hands of the person that commits the sin. The work of the Christian counselor is to establish such facts and guide the person into recognizing that the mental disorder is their own responsibility and thus the treatment largely rests specifically on them as individuals. The counselee need to be guided in confessing their sins, choosing to live according to the will of God and encouraged to avoiding relapsing into the same conditions that precipitated the mental disorder in the first place.

The second quadrant places the responsibility of the factors causing the situation on the acts of others. Often the sin may have been committed against the victim of mental illness as opposed to the counselee themselves. The example can be of children suffering as a result of abuse subjected to them by their alcoholic parent(s). The sinful and irresponsible acts of their parents come to become a predisposing factor for the mental illness they may develop in later years. A person who faces constant sinful put-down and criticism from other people like teachers, parents or significant others, may develop inferiority complex and a low sense of self-worth and low esteem that may cause them to have mental disorders in life.

It is necessary for the Christian counselor seeking to offer sound and balanced counseling that would lead to the recovery of the victims of mental illness to consider this view. For this reason, the process of Christian counseling "... may involve helping individuals to forgive, change perceptions, and learn to let go of the long-standing hurts, bitterness and painful memories" (Collins 2007) that influence the mental disorders.

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The third and the fourth quadrant relate to the inherent sinful nature of the human race. They are not necessarily result of the deliberate sins of individual people, but are conditions precipitated by factors associated with the sinful nature of the fallen human race.

In the third quadrant, the mental disorders do not come “because of specific sin”. They are because people suffering from mental disorders “...are pulled down by deeply felt fears, insecurities, immaturities, ignorance, past traumas, inherited physical influences, harmful attitudes, or other aspects of the personality that come because we live in the fallen world and are all deeply affected by sin” (Collins, 2007). As a result, people who may be involved in self-deception may have learned to live that way due to ignorance or immaturities because of the world is full of sins of deception. As a result, the person lives a distorted life causing harm to themselves and others inadvertently. In order to help such people, the Christian counselor needs to have deep understanding and insight of the nature of sin. He has to know how pervasive it is in the entire human race. They need to help such people who have mental disorders as a result of sins in the third quadrant in a manner that helps the victim to understand the predisposing factors for their conditions, lead them into proper confessions for their involvement and determine “to let God work to cleanse, change, and bring maturity to the inner life” (Collis, 2007).

The fourth quadrant also looks at mental disorders as being precipitated by the events happening in the society that is as a result of the sin that permeates the fallen world. The world is full of “conflict, stress, poverty, inequality, war, disease, and widespread injustice” (Collins, 2007). These things happening in the world affect people differently. Others may be able to cope with them while others may be gravely affected. They are the cause of the mental disorders afflicting the human race. The only recourse for such a scenario is for the Christian counselor

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and church to seek to improve human relationships that precipitate such situations. It is true though that the things happening in the world will persist until Christ comes to put an end to human sufferings.

The quadrants above give the Christian counselor a brief preview of the types of sins that the human race is exposed to and the apportioning of responsibility for the actions that will allow recover to take place. The counselor must understand both the type of sins and who bears the responsibility so as to be able to deal with mental disorders that may likely result from each. This way, the counselor is able to give proper counseling services that will help those affected. Programs for recovery must be tailored along such understanding for the sound Christian counseling to be at the cutting edge in the contemporary society that we live in today.

While it is necessary to approach Christian counseling from the above understanding, the counselor need to know that mental disorders do not necessary come as a result of one or two of the quadrants to the exclusion of other quadrants. While to one person, it may be a result of circumstances arising from one of the quadrants, to another person it may be as a result of a combination of two or more of the circumstances arising from more than one of the quadrants. An individual may suffer mental illness because of the consequences of the sins he had committed, while to another person, the sins he or she commits that precipitates the mental disorder is triggered first by the hurt, memories an sinful experiences perpetrated against them. To some, it is both the result of their own deliberate acts that are sinful and those done by others. In the book of Ezekiel, the bible talks of visiting the sins of the parents to their children. In other words, there are people who suffer because of the sins of others.

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The secular counselor may not be able to approach counseling in the manner that a Christian counselor does. For a secular counselor, spiritual matters are not given prominence. Some dismiss Christian leaning and consideration of spiritual matters in counseling as being concepts whose time has long gone. Despite the challenges from the secular professionals, Christian counseling is relevant in today's world. Most psychiatrists do not consider sin as a factor in mental disorders. They "ignore the role of sin as a cause of mental disorders, dismissing sin as being an archaic concept that has no place in the twenty-first-century thinking" (Collins, 2007; Mowrer, 1960; Menninger, 1973). The advancement in technology and contemporary scientific methods of inquiry and growth in knowledge is given much premium in addressing matters do to with health in general and mental illness in particular. Even when they attempt to use some aspects of Christian counseling, they may not be able to do so with the depth, insight and understanding with which the Christian counselor can. Despite the position taken by psychiatrics on the place of sin in mental disorders, other scholars, especially Christian professionals have shown the connection and importance of the element of sin in sound Christian counseling for mental disorders and treatment of mental illnesses (Yarhouse et al., \*\*; McMinn, 2004)

Looked at holistically with all variants taken into consideration, Christian counseling has the potential to lead to proper diagnosis of the illnesses and effective counseling and treatment that brings about recovery. The need to train and equip Christian counselors for the noble and the very important work, ministry and counseling of the mentally ill persons cannot be underestimated. Society requires sound Christian counseling now than in any other time in history.

### **The Spiritual Basis of Mental Illness**

Even as early as the late 1960's, the spiritual basis of mental illness has been hinted at by a number of lawyers who doubted the validity of using a claim for insanity as an excuse for the commission of a criminal act. In fact, according to Alexander & Szasz (1968), in their reviews of various legal cases where the defendants claimed insanity, there was so much confusion regarding the validity of the pleas for insanity because although it was a mental condition, a rational mind would only be able to accept evidence from laboratory data. Thus, there are "significant" differences between the validity of non-psychiatric and that of psychiatric illnesses (Alexander & Szasz, 1968). For the former, an abnormal biological condition of the body coupled with evidence of a biological origin is easily established and accepted as fact. However, for psychiatry, the claim to an "abnormal behavioral condition" of an individual is indeed hard to prove objectively because although it may be easy to spot plain "[deviations] from normal moral and social standards," it would be an altogether difficult task to determine which social standards are normal and moral (Alexander & Szasz, 1968). A normal African person would therefore most likely look insane or psychologically challenged to the uninformed Westerner if he used African rituals in curing the sick. Thus, Alexander & Szasz (1968) have both concluded that a mental illness involves a "nonmedical character" – or some factor that is definitely beyond the scope of biological principles. Moreover, if a man committed murder, there would most probably be greater evidence to the claim that he did it while he was insane, for it would be rationally impossible to imagine a sane man doing the act (Alexander & Szasz, 1968). However, regardless of the weight of the argument, a lack of firmly established biological evidence would discredit the claim. A mental illness is therefore not entirely biological.

According to Culliford (2005), “religious and spiritual factors can significantly affect the presentation of mental disorder,” not just because “the concept of spirituality is inclusive and affects everybody” but especially because evidence shows that “psychiatric patients have consistently identified spiritual needs as an important issue.” Thus, Culliford’s claim that mental illnesses have a spiritual basis is not just made out of mere philosophical assumption but out of concrete evidence. Before dealing with this concrete evidence and case studies that prove Culliford’s claim, one should begin with a definition of spirituality and how it is linked to the treatment of mental illness.

Spirituality is the point in space or the aspect of an individual’s life “where the deeply personal meets the universal [or] a sacred realm of human experience” (Culliford, 2005). This definition of spirituality makes it seem akin to the Eastern philosophical definition of spirituality where there is connection that exists between human and nature or God (Sokoloff, 2001). Moreover, Culliford (2005) adds that spirituality is “the ‘forgotten dimension’ of mental health care.” This means that spirituality connects first, with what is mental before the physical aspect. In fact, such definition is somehow supported by the World Health Organization itself, which clearly states, “Patients and physicians have begun to realize the value of elements such as faith, hope and compassion in the healing process” (Culliford, 2005). In fact, according to the WHO, spirituality includes “transcendence, personal relationships, codes to live by, and specific beliefs” (Culliford, 2005). This means that a scientifically held organization such as the WHO acknowledges the factor of spirituality in the “healing process” of disease, and for the purpose of simplicity and specificity, in the healing process of mental disease.

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The subject of the role of spiritual connection in the cure of mental illness is mentioned in the Christian Bible, with various references not exactly to resolved mental illnesses but to demonic possessions that have been cured through the words of Jesus Christ. According to Sokoloff (2001), the Christian Bible does not mention any example of mental illness due to the spiritual nature of the Scriptures and the lack of medical basis for mental illness during the ancient Jewish times. The healing power of Jesus included casting out devils in those who were possessed. Matthew 4:24 states, "...and they brought to him all sick people that were taken with divers diseases and torments, and those which were possessed with devils, and those which were lunatic... and He healed them". This demonstrates that people with mental illnesses received healing from Jesus Christ, as he was concerned with their conditions too.

The bible makes reference of mental illness in as early books as Deuteronomy. In chapter 6:5 it talks of God going to strike with madness which meant "insanity could be caused by divine punishment". It is true that the suicide of Saul, the first King of Israel, was an act caused by mentally depressing stress. He did not want to be captured and killed by those he considered as enemies and so decided to fall on his own sword. Likewise, the degenerate condition of King Nebuchadnezzar is an act influenced by some mental conditions that was prevalent in their time (Alexander & Selesnick, 1966).

### **Christian Counseling**

In order to be able to appreciate the place of sound Christian counsel to the mentally ill, it is necessary first to determine what counseling is all about in general. Precisely, Counseling is all

about change (Collins, 2007). The aim of the person giving counsel is to help the people with problem that are overwhelming and challenging them to be able to change the situation so that they are restored to what is the normal. Conversely, the person going to the counselor has circumstances, which they want help to have changed. Ultimately, both the counselor and the counselee are interested with change.

Counseling is about people who want change. The change wanted may be known or unknown to the person seeking for it. Sometimes, though people could be looking for change, they do not know how to get that change or the steps they need to follow in order to realize the change sort for. It is therefore the work of the counselor to assist the counselee find the change.

The need for counseling today is growing due to the increase in problems bedeviling society. As a result, the place of counseling has equally increased. The challenges for the counselor today are many as are the issues that send people seeking for their assistance. In many instances, the counselor may succeed in their efforts to help, and sometimes they may fail. Some counselees may respond well to the assistance while others may respond poorly and sometimes negatively. When this happens, the possibilities of frustration for both the counselor and the counselee are not a far-fetched possibility.

### **The Broad Field of Counseling**

The field of counseling is a broad one encompassing all matters to do with issues that affect the human race irrespective of their age, sex, station in life or spiritual persuasions. It covers broad area from relational issues to mental disorders, from occupational matters to battling with life changes. To some people coping with relationship changes can present

challenges that can tip them over the edge. Breaking of relationship through divorce or separation can be a traumatizing thing to one who did not contemplate such thing happening and may result in emotional distress that can bring about depression. To another person, sudden changes of losing a loved one can be very traumatic. The person may not want to accept the reality, or fail to know how to come to terms with the change thus suffering emotional breakdown.

It is the work of the counselor to understand how to assist and lead people in need of change to cope with the particular change issue. Counseling is solution seeking and about helping people find relief for their circumstances. In other words, it is about helping people find change.

Finding change for people's problems is not an easy task. This is because people always resist change even when they have expressed the desire for it (Clinton et al, 2011). Often people resist change because they do not know how to give up on what they have been socialized to do or that which they are familiar with (Collins, 2007). The orientation they have become used to becomes part of them and thus changing that becomes very difficult. For others, uncertainty of what change might bring makes them feel more comfortable with what is familiar to them despite being uncomfortable with it. Such feelings of uncertainty demotivate people from pursuing change.

It is important for the Christian counselor to be well equipped and informed of all the dynamism of counseling for them to be effective. Sound Christian counsel dictates that the Christian counselor be resourceful, dynamic and prepared to meet the counselees need for assistance.

### **Christian Counseling and the Mentally Ill**

The involvement of Christians with the affairs of the community where they operate from has been a long established tradition. The church is in the forefront for influencing positive change in society besides being a refuge for those suffering in society. The core function of the church is to bring about wholeness to the suffering world.

Christian involvement with people with mental illness is well documented in the church history.

At some point in history, Christian involvement in issues of mental wellbeing got confined to the spiritual with less understanding of medical treatment. The move towards the use of medical science and therapy took centre stage with psychiatry becoming the panacea for mental illness.

In recent years though, with increased knowledge of the circumstances that cause mental illness and the understanding of mental disorders, multi-disciplinary and multi-faceted approaches have been employed in dealing with issues of mental illness. The place of spiritual dimension is as important as is the social dimension or psychological dimensions in the treatment, care and recovery needs of the mentally ill (Clinton et al, 2011). The best approaches to mental disorders treatment are those that are all encompassing than only the one field. Sound Christian counsel of the mentally ill is thus the most appropriate of the approaches to use as it incorporates both medical and spiritual dimension in assisting, caring and treatment of the mentally ill. Besides the compassion and the mission to share with humanity the love and compassion of God, gives Christian counseling an edge over the secular practices.

### **Christian Counseling and the Sciences**

Christian counseling is a “ministry-profession that is maturing in complexity and in its membership” (2011, p. 11). It is a ministry with Christians that have the call in their lives to minister to those in need, and a profession, guided by principles and ethical code of conduct that characterizes the profession.

Christian counseling draws a vast array of skills and talent consisting of professional clinicians, pastoral counselors, and many others who deliver counseling and care-giving services to a wide range of clients from a distinctively Christian worldview

Christian counseling has many goals including helping people deal with severe losses, conflicts, and disorders, but it has one ultimate concern: helping clients become more like Christ and grow into a deeper intimacy with God and with one another

The definition of Christian counseling is as varied as are the areas of emphasis by scholars and the consideration of the biblical foundations and principles particular Christian counselor or institution may choose to adopt. There is therefore no one specific definition of what counseling is. According to Gary Collins (1993), the definition of Christian counseling should take into account “the person who does the helping, the techniques or skills that are used, and the goals the counseling seeks to reach”. Approaching a definition in this manner acknowledges the position of counselors in the counseling process, the skills they bring into the sessions, and the purpose for the counseling process, which takes into account the interests of the client.

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According to Worthington (1999) and Clinton et al, (2011), counseling is a process where there is an agreement between the counselor and the counselee to provide help to the counselee taking into account their psychological and spiritual welfare. It is a process of trust in which the client undertakes to go through the counseling process from a position of trusts, trusting that the counselor is promoting that which is good for him/her and that, at no time will harm befall them. The building of trust between the two parties according to the two scholars is very critical for the success of the counseling process as well as the positive outcome from the process. “The bible is not a clinical handbook on depression. It does, however, offer God’s healing words to all in affliction, including the mentally ill” (Hunsinger, 1995, p. 206)

In defining Christian counseling, Siang-Yang (2011, p. 363) gives prominence to the work of the Holy Spirit and the Christians relationship with God. He defines Christian counseling as “counseling conducted by Christians who are Christ-centered, biblically based, and Spirit filled”. The Christian counselor has to tailor the counseling not just at dealing with the counselee’s problems, but guiding the counselee towards Christian values and the life of Christ to the person. The import of it is that a healthy relationship with Christ is the foundation of a better life here on earth.

Collins (1993) on his part defines Christian counseling from the perspective of the Christian counselor. He defines it as the “task of helping others move to personal wholeness, interpersonal competence, mental stability, and spiritual maturity” away from the problem situation, that affects them. This definition is more comprehensive as it identifies the place of the counselor as a helper who assists the client to move from their position of need to the expected

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outcomes “personal wholeness, interpersonal competence, mental stability and spiritual maturity”.

For sound Christian counseling of the mentally ill, it is necessary to look at counseling from broader perspectives that accommodate all shades of standpoints that allow for the effective ministry to the mentally ill and moves the counselee from the predicament and troubling situation to solution. ‘Scripture expresses empathy for the person oppressed by what is happening in the brain cells, while still being personally responsible for sin and the need to be a new creature in Christ. ( Hunsinger, 1995, p.201)

All the definitions above have aspects that are critical in the ministry of counseling that is worth considering as foundation for sound counseling. The point of convergences from the varied emphasis though, is that all the definitions emphasize that which is of importance to the counselor and the counselee in the counseling process, which is change.

Unlike secular psychiatry that is narrow in its scope from the Christian perspective, the counseling approaches used in Christian counseling stands on sound ground of Christian principles and practices. Christian counseling promotes Christian maturity and seek “to free people to better worship and serve God by helping them become more like the Lord ... ” while at the same time nurturing “a caring relationship and an understanding of the human functioning” (Larry, 1977)

In the counseling ministry, there are models used which are focused on helping the mentally ill and people with problems find lasting solutions for their own good and that of the body of Christ. Johnson (2010) sets out four models that are critical for counseling and that meet the

conditions of the definitions set out. These models are important in Christian counseling of the mentally ill people and go beyond those limitations of secular counseling. These are;

1. Biblical counseling model

This model takes the bible as the only authoritative reference point upon which counseling should be based upon. It states, “The bible alone is the source of all wisdom and revelation in counseling, and any reliance on psychology and extra-biblical resources has a high likelihood of tainting the counseling endeavors” (Johnson, 2010). There are those who see this model as having limitations.

2. The level-of-explanation model

Unlike the biblical counseling, model which lays great emphasis on the bible, the level-of-explanation model approaches counseling from the position religion verses secularism and science. The model states that Christian religion and psychology are two different fields that are best left and approached as they are, without any mixing.”

3. The integration model

The model accepts the importance of psychology in human society and advocates the Christian counselor to train in the profession in order to be effective in the ministry of counseling. Its foundation is based on the premise that “psychology from every era and history is worthy of study, especially that done by church leaders and saints from throughout history.”

4. The transformative worldview

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This is a new model, which embraces both science and Christianity as necessary for those in the field of counseling. It emphasizes that both psychology and theology when used by sanctified Christians is the foundation upon which sound Christian counseling can thrive. The people suffering from mental illness and disorders can find balanced and sound counsel, care and treatment from Christians using this model. The model “conceives of doing psychology and theology in an embodied redemption, in the power of the Holy Spirit. Sanctified scientists make a huge difference in the doing of psychology.”

As a ministry in the church, pastoral counseling requires “both psychological and theological training” Hunsinger (1995). The strength of Christian counseling of the mentally ill over psychiatry or rather, secular counseling, is its foundations upon which it anchors. This emphasizes the total wholeness of the mentally ill which is the physical, psychological, social and spiritual wellbeing of the individual. Hart & Ohlschlager (2005) point out to seven pillars upon which Christian counseling anchors upon, and that give it the edge over psychiatry. According to them, Christian counseling is;

- Spiritually anchored: in this view, true Christian counseling is scripture dependent as people are on food and water
- Spiritual forming: Christian counseling focuses on forming the spirit of God in the life of help seekers
- Short-term: counseling should not take inordinate time. Short term is recommended initially with discretionary extension should the counselee be interested to have the counseling go much longer

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- Solution-focused: the purpose of counseling is guide the counselee towards change in their circumstances. The counselor and client in this pillar are focused in finding solutions that work for the client's circumstances
- Strength-based: Counseling is premised on "searching for and magnifying client strengths, which, as they grow stronger, crowd out any room for problems to fester and grow"
- Storied narrative: The lives narrative of the counselees' experiences, are powerful tools to help in reflection and solution seeking. The counselor has to tell about the counselees' lives in lived stories. This will make their issues alive and current.
- Scientific: it is important to affirm tested facts and build the counseling experience on reality. It is therefore necessary for truth to be subjected to the rigors of empirical treatment since we life in a world that puts claim to scientific paradigms.

The above pillars that give direction and focus to Christian counseling uphold the perspective that man is both a physical and spiritual being. The importance of spirituality in Christian counseling receives support from numerous research and practice. Koenig (2004) affirms, "Numerous studies indicate spirituality can positively impact a person's physical and mental health"

## **Psychiatry**

The pastor has to be aware of the “basic psychiatric terminology and have some understanding of many therapeutic modalities employed by practicing psychiatrist” (Collins & Culbertson, 2003).

Modern psychiatry is premised of the work of Sigmund Freud (Collins & Culbertson, 2003) who was the first to bring about the understanding of how the mind works and the accompanying ailments.

Psychotherapists are not psychiatrists but they exist among psychologists, social workers and other mental health professionals and they can practice in less severe forms of mental disorders (Collins & Culbertson, 2003). The two scholars contend that, psychiatrists are more suited to handling more severe “emotional disorders, such as those involving loss of contact with reality, severe disruption of functional ability and possible danger to self or others” (2003). This is largely because they are trained to professionally handle such level of disorders. There is need to have pastors and Christians in the field of dealing with mental illness have some knowledge and understanding of the prevalent conditions in order to be able to be effective in helping people. Such understanding will help in knowing the problems of the sick person, the signs and symptoms they are exhibiting and the possible treatment plan that can be extended to such a person. In such a way it will be able to base the treatment and counseling to the specific treatment need of patient (Collins & Culbertson, 2003).

### **Psychiatry and Religion**

According to Alexander & Selesnick (1966), the death of Saul, the king of Israel by suicide as related in Samuel 31:4, could have been caused by a disorder likely to be the depression. Likewise, Nebuchadnezzar's "strange psychosis" and other similar accounts, give reference to the prevalence of mental illness in the bible times (Rosner, 1972). The kingdom had gone to war and he was staring and possible humiliation by the enemies and thus decided to end his own life.

The association of aspects of mental illness with the Jewish tradition dates back to as early as 490 C.E by the setting of "a hospital in Jerusalem solely for the mentally ill (Boehnlein, J. K., 2000). According to Miller (1975), by the 10<sup>th</sup> century, the Jewish physicians had contributed to the field of psychiatry. The previous accounts underscores the history of mental illness and the involvement of religious institutions in the treatment and care of persons with mental illnesses.

The early church believed that the status of the fallen man and the deliberate sin that he continued to commit alienated him from God and thus left themselves vulnerable to all manner of ailments. However, the church and Christians believed that sicknesses can be healed by God's intervention, and faith by the believers, who are called upon to lay hands on the sick and they would be healed (Alexander & Selesnick, 1966). Caring for those who are sick was one of the pillars that characterized the early church. The church has held the view that sin is the cause of the problem of human suffering including in particular, mental illness (Zilboorg, 1941; Knoll & Bachrach, 1984). This had at times allowed those holding extreme views to treat people with

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mental illness in cruel manner especially at the time when it was considered as influenced not only by sin, but also by witchcraft (MacDonald, 1981). For instance the release of the book *the Whiches' Hammer* in 1487, led to a lot of cruel treatment being meted on the mentally ill people especially women as they were considered to be the conduits for sin and demonic oppression (Zilboorg, 1935). This led to the “fusion of witchcraft, insanity and heresy” that resulted in the infamous “Inquisition” of the medieval times (Boehnlein, J. K., 2000). Largely, the negative done by the extremist did not blunt the position of the church as a caring and compassionate body of Christ fulfilling the great mission of sharing the love of God and showing mercy to the vulnerable and needy in the society.

By the Middle Ages time, the church continued with its “tradition of kindness and humane treatment, including that for the mentally ill” (Boehnlein, J. K., 2000) by setting up hospitals that catered for the sick, more so those with mental illnesses. Alexander & Selesnick (1966), explain that there was improved treatment of the mentally ill people in the 18<sup>th</sup> and 19<sup>th</sup> century in America and Europe because of increased understanding of the “concepts of humanism and medicalization of the care of the mentally ill”. At that time, there was increased distinction between the role of Christianity and psychiatry, with the latter becoming more involved in the treatment than the church. However, the role of the church as a care-giver and compassionate entity has made its involvement in the care of the mentally ill even more critical. As Boehnlein, (2000) contend, the emergence of modern “psychotherapeutic and counseling techniques, and the development of Christian counseling”, the religious concepts have been merged in the approaches employed in psychotherapy.

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“Pastoral counselors are like a group of men at the bottom of the cliff...” attempting to help those falling down the cliff” (Clinebell, 1970).

For some time now, psychiatry has been equally preoccupied with the ““bottom of the cliff” activity...treating the mentally ill and the emotionally crippled”. Their efforts focus on detailed “description of the pathology and categorization of the problems to ensure treatment in as systematic a fashion as possible” (Clinebell, 1970). The training that the psychiatrists get makes them well able to handle the diagnosis, treatment and management of mental illness relatively well. However, they have limitations that Christian counseling compliments.

Professor Howard Clinebell Jr. (1970), argues that the psychiatrist is very professional in defining mental illness but deficient in defining mental health, a fact that gives pay to the contention that psychiatry alone cannot entirely solve the problems of mental health and mental illnesses.

However, the emphasis in handling matters of mental illnesses should not only be about treating people at ‘the bottom of cliff’, but more importantly help people at the top of the cliff through “building preventive fences” (Clinebell, 1970) so that they don’t fall over. This is where sound Christian counseling comes in. He contends that where a clergyman has relevant training and is “sensitive and perceptive, he may be able to provide healing in many cases of functional mental illness as well as, or better than, many psychiatrists” (Clinebell, 1970).

The contention between psychiatry and Christian counseling of the mentally ill has always been on the approaches and who is best placed to handle the conditions. The

psychiatrists find difficulty in seeing how religion can deal with and prevent the problems of mental health.

### **Secular Counseling**

Oden, (1966, p.30) opposes counseling based on the gospel on the basis that the counselors may most likely fall into the temptation of imposing their faith on the counselee's to the detriment of helping and guiding them to find solution for their conditions. He fears that the Christian counselors may "become moralizers, judges, and answer-givers, interjecting their viewpoint and imposing it upon troubled persons" rather than guiding them finds solutions from themselves.

More often, mental illness arises from deeply rooted issues beyond the reach of secular psychology or psychiatry. Inner scars resulting from traumatizing experiences are better brought into the surface through Christian counseling than secular counseling. Christian counseling tempered with the understanding of psychology helps the mentally ill find wholeness, first as human beings and secondly as the children of God loved so much that Christ died for them to relieve relief from the burden of their sins. Sound Christian counseling fuses psychology, the spiritual need of the mentally ill and the social context in which the mental illness occurs to lead the counselee into total wholeness.

Secular counseling does not achieve this because of its limitation about the spiritual wellness of the mentally ill. Because psychology as a science negates the dimension of the soul in a human being, and since most inner scars imprinted in the human soul, are found in this dimension, it cannot help find the deer healing the way sound Christian counseling does.

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According to Mallet and Read (2003), people who are mentally ill “in reality have a distorted view of who God is, whether through incidences in their past, or through present doctrinal errors to which they are clinging” (p. 31).

Scheff (2009) postulates that in the last several decades, “research on mental illness has sought to establish three main contentions” (p. 3) as illustrated below:

- The etiology in which “the causes of mental illness are mainly” attributed to biological causes
- The classification where the “type of mental illness can be coherently classified (DMS-IV)”
- The treatment regime that states, “mental illness can be treated effectively and safely with psychoactive drugs”.

### Case study 1

Mr. E, a patient that had fractured his hip, underwent replacement surgery that left him partially impaired. He was not able to perform his normal duties as usual. Because of his condition where he was more dependent on his family members, he became deeply depressed because he felt that he was becoming a burden to the family. This state of depression made him to stop caring for his own personal needs, caused him to become unresponsive, and he continually kept moaning about how he was burdening his family. He therefore wanted to die rather than live in the same state in order to save the family from further trouble and himself from shame. He refused to listen to the psychiatrists and take the medication given to him. The treating psychiatrist recommended him to another psychiatrist who was from Mr. E’s own cultural background for further treatment and

## Sound Christian Counseling of the Mentally Ill

medication, when it became clear that he was not making headway because of the cultural differences.

Since it is the psychiatrist who recommended Mr. E be committed to medical treatment, the family did not seek further information from the psychiatrist, but rather responded to Mr. E's condition with even more medication. Mr. E's condition deteriorated leading to his admission to a mental hospital where he underwent electroconvulsive therapy. Though the patient responded somehow fairly, the treating psychiatrist failed to make headway with him because of the personal and cultural sensitivities. A change of psychiatrists to one from Mr. E's cultural background caused him to regain some confidence and so he resumed medication that he had shunned. This led to some improvement in his condition though he continued with the feelings of being a burden to his family leaving him still feeling very guilty for the turn of events in his life. He revealed to the psychiatrist that trigger for the depression he was experiencing begun as a result of the tormenting worry that he was no longer going to be the caregiver that he had all along envisaged to be for his family.

*Adopted and Edited from Culture, Ethnicity and Mental illness by Gaw, A. C.(1993,p.322)*

### Case Study 2

When Andy Berhman was growing up as a young man, none in his family suspected that anything was amiss in his life. Apart from the mood swing bouts and the impulsive hand washing episodes, he grew up like any other normal child. He went through college education to become successful in his job while masking the debilitating mood swings that drugged him to oscillate between bouts of depression one moment and delirium the next moment.

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As the years rolled on, the disorders increased causing turmoil in his life. He slept fewer hours, sometimes missing sleep for days. That notwithstanding, Andy went on doing many things both legal and illegal raking millions in return. He became a spendthrift buying all manner of things, giving out money to even strangers, and buying expensive gifts to friends. He was moving in break-neck speed – fueling his behavior with drugs and alcohol.

At the beginning of all this, Andy visited with the psychiatrist latter, the visits increased and the number of the psychiatrists seen equally increased. In his own words, Andy says, “I only went to those doctors when I was in my down periods, feeling terrible ... I did not go when I was feeling elated and manic. My lows were filled with rage, anger, and irritability. I was dysfunctional and agitated, really miserable with life and desperately trying to get back to where I had been the day before”.

His episodes led to his arrest latter after getting involved in the counterfeiting scheme during the exhilarating moments of his disorder. He saw eight psychiatrist before the diagnosis revealed that he had bipolar disorder. In over twenty years that his condition remained undiagnosed, the out-of-control bipolar disorder, Andy had take thirty-seven different medications prescribed by his doctors, and had nineteen-electroconvulsive shock treatment.

*Adopted and edited from Christian counseling (third Ed.): A Comprehensive Guide by Gary R. Collins (2007, p. 633).*

### **Weaknesses of Psychiatry**

From the case studies above, incidences of weaknesses of psychiatry are apparent. In both cases, the first call in the line of treatment that was sought by the patients was to go to the psychiatrist. Though they did what was medically and professionally within their ability, both

patients remain with the same conditions that sent them to the psychiatrist in the first place.

Andy, for instance, had to interact with many psychiatrists and lots of medication, which more often sought to deal with the obvious symptoms that left the deep-rooted underlying factors intact.

According to Frances (2012), psychiatry has its weakness in its inability to significantly reduce the burden of human suffering. The main reason Frances gives is that “we don’t yet have the necessary tools” (Frances, 2012). What he means is that psychiatric disorders cannot be diagnosed as early as their nascent stages but only when they have “fully declared themselves” (Frances, 2012). According to DSM-V, the definition of psychiatry encompasses the ability to identify mental disorders even at their onset. However, as Frances said, this is very difficult because at their onset, psychiatric disorders would mimic any other serious diseases. The symptoms of most psychiatric disorders such as depression would somehow be similar to those of other diseases and would even characterize the temporary sadness that normal people experience. The result is that “tens of millions of people [are exposed to] considerable risks consequent to inappropriate treatment” (Frances, 2012). This is clearly devastating because psychiatrists who wrongly diagnose certain diseases or who label as pathological what is actually normal will end up giving “tens of millions of people” the risk of taking the wrong medicine or taking medicine or other forms of treatment when in fact they do not have to. The results of these can be detrimental not only to the person’s mental health but also to his physical health. Moreover, there is also a great possibility that no significantly positive effect in one’s mental health will be experienced by the patient. Consequently, the patient’s social well-being may also be impaired after a wrong treatment.

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Nevertheless, since psychiatry adheres to its new definition by DSM-V, “Tens of millions of people now deemed normal would suddenly be relabeled mentally disordered and subjected to stigma” (Frances, 2012). The fact that psychiatry somehow, through its definition by DSM-V, tends to inefficiently and insultingly label someone as “insane” or “mentally deranged” is indeed a source of stigma not only for those who are actually mentally ill but also for those who are actually normal people who simply undergo temporary changes in mood. The result of the stigma may extend to the individual’s social sphere and may greatly impair his relationships with the people around him. Seeing this as a result of the application of modern “preventive” psychiatry, one would be able to clearly see that psychiatry may even tend to be judgmental or critical of those it seeks to cure. The judgment and criticism will therefore add to the mental distress and hence, full recovery of the patient may not be possible.

Another problem with psychiatric treatment is that it basically deals with a disease that is irregular in nature (What is Psychiatric Disability and Mental Illness?, 2012). Such irregularity implies that it is difficult for a medical science like psychiatry to be able to establish clear rules on how a disease should be identified and how it should be diagnosed. Moreover, the irregular nature of psychiatric disorders would usually make them depend on several factors like the amount of stress that a patient has had at the onset of disease, the emotional and mental attitude of the patient towards the disease, which includes how he normally handles his fears, and the factor of substance abuse. In fact, according to the National Institute of Mental Health, 53% of adult users of alcohol or drugs have experienced at least one mental illness during their lifetimes (What is Psychiatric Disability and Mental Illness?, 2012).

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Another problem with psychiatry is that it would be impossible for basic psychiatric treatment not to require medication, and that such medication may have numerous side effects. Among these medications include drowsiness, dry mouth, nervousness, shakiness, headaches, dizziness, weight gain, and confusion (What is Psychiatric Disability and Mental Illness?, 2012). Such side effects may not be lethal but may greatly or significantly impair one's social life and functions. Factors like headaches, dizziness and drowsiness may even negatively affect quality of work and may reduce the number of hours that one is supposed to work. Other side effects such as weight gain may become a cause of feelings of insecurity, helplessness or depression in an individual, or worse – unusual weight gain may trigger the development of another mental illness. Moreover, such side effects of medications may even further complicate an individual's life by reducing his self-esteem especially during the course of the psychiatric treatment – at a time when one needs it the most.

The physical and physiological side effects of psychiatric treatment can never be emphasized too heavily. According to a report by the New York Times in July 2011, under the directive from the Food and Drug Administration, the antipsychotic drug Seroquel has been labeled by its manufacturer AstraZeneca with a warning against heart arrhythmia, which is a condition related to cardiac arrest. Moreover, there are claims against diabetes-like side effects. If claims to such side effects are indeed true, then there are two negative things that will most likely result from the health warning. First, those who would continue to take it out of a need to cure their mental illness would most likely suffer from seriously debilitating physiological disorders like heart arrhythmia and diabetes, and will most likely compound their problems. Second, those who refuse to take Seroquel out of fear for the health warning might likely not be

able to find an appropriate and similar replacement drug for their psychiatric disorder. Lastly, with Seroquel selling around \$5.3 billion in 2011, with an estimated \$3.7 billion in the United States alone, one would most likely consider this a matter of great concern and a great medical dilemma (Wilson, 2011). Thus, the complications of medication make psychiatry a rather poor option for curing mental illnesses.

Still, one more problem with psychiatry is the idea that psychiatric treatment needs both time and money – and so much of it. Moreover, participation in group psychotherapy as well as undergoing electroconvulsive therapy, rehabilitation and pharmacological management would cost even more. Long periods of therapy and extensive diagnosis would also require as much time as they require as much money. Moreover, there are so many legal and ethical considerations involved as well as side effects of psychiatric medication (Psychiatric Services, 2010). Lastly, considering the difficulty in accurately diagnosing certain mental disorders, there is therefore no 100% guarantee of recovery even after the time, money and effort spent for therapy and treatment.

The aforementioned information is not to totally debunk and discredit psychiatry for its uselessness, because the fact is, as Frances has reiterated, “We don’t yet have the necessary tools,” which means to say that it would be premature to assume that psychiatry can handle well the treatment of all mental disorders especially those which are only in their nascent stages (Frances, 2012). Psychiatry, specifically psychiatric procedures especially those in preventive psychiatry, can be compared to the once highly-recommended prostate cancer test and the routine mammogram testing. The first was abandoned because of its uselessness, and the second is now being restricted to an age range which is narrower and done in intervals which are less

frequent. The point is that as of now psychiatry may not be able to perfectly do what people believe it is supposed to do. The possibility of errors in psychiatric diagnoses somehow makes one believe that it is not the best solution to mental illnesses.

Since psychiatry cannot possibly or precisely provide correct diagnosis for mental illnesses in their nascent stages, it might then be already too late for psychiatric procedures to intervene if the disease has already progressed: “Once people actually get clearly sick...treatments may become less effective” (Frances, 2012). It is like discovering a series of symptoms that would pass off for schizophrenia, bipolar disorder or just mere temporary changes in mood. If at this point in time where the nature of the disease is uncertain the psychiatrist decides to administer medication for schizophrenia, the patient’s mental health might be severely affected if the suspected disease turns out only to be mere temporary mood changes.

For a much more effective treatment, mental illnesses, therefore, have to be treated at their roots. As psychiatry tries to cure only the symptoms, it becomes an ineffective treatment for mental illnesses (Frances, 2012). What is therefore needed – and what can definitely fulfill the role of preventive psychiatry – is a method that can work early on and cure the mental illness at its roots. The problem with psychiatry is that it tends to neglect the causes of the mental illness for psychiatry tries to cure the symptoms first. Such symptoms may be unintelligible and useless for proper diagnosis especially at the nascent stage of a particular mental disease, but the causes of the mental illness are much clearer. One should therefore deal with what is clearer first before what is unclear. The causes of psychiatric disorders or mental illnesses are common, known and clear (Collins & Culbertson 2003).

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If psychiatry is the method used to deal with the symptoms of mental disorders, the aforementioned causes behind such disorders can be dealt with a more practical method and that is pastoral counseling. Pastoral counseling is the choice of those who believe in the theory that mental illnesses have a spiritual basis and that it is only through a form of spiritual healing that the causes of these mental illnesses and the mental illnesses themselves can be effectively solved and dealt with.

### **Research Methodology**

This study has been prepared after completion of supervised ministry and study requirements. The team observed that there are patients accepting the nature of their mental illness. Patients are able to receive the assistance through Christian Counsel for people with mental illness. Patients are willing to receive their treatment in order to retrieve their normal lives. There are others who have recovered and are now have volunteered to help others in the conditions that they were. Therefore, after these observations patients of mental illness and those who had recovered became the subject of the study. There were different people attending various meetings of recovery programs have been selected for this study. Selection of the specified participants were evaluated upon data collected to find if they fit the criteria in order to be discussed in the next section.

The study chose to use two methodologies to deal with the research question. It used qualitative literature research and case study. Both methods adequately addressed the focus of

the subject matter of the dissertation. They were the most appropriate methodologies in the absence of other methods of data collection.

### **Case Study Defined**

This study used case study as one of the theoretical frameworks in order to understand fully the merits of sound Christian counseling over secular counseling (psychiatry). This choice allows for real life experiences to inform the understanding of theoretical concepts as (Herzinger and Campell, 2007) presented in the study.

Case study is “the study of the particularity and complexity of a single case, coming to understand its activity within important circumstances” (Thomas, 2011). In the context of the study on Christian counseling of the mentally ill, the particularity of the cited cases, set to concretize the understanding of various elements. First, the disorders that bring about the mental illness are identified and their impact on the victim clearly shown. Secondly, the underlying influencing factors are clear and thirdly the treatment regime shown. Case studies not only show the complexity of a single case, but also the circumstances informing the issues around the case. The purpose of case studies is the need for generalization about the issue under study. Case study gives the preview and an understanding of what otherwise will be a purely theoretical discourse with no reference to real examples covering the study question. A case study gives “horizon meaning” (Gadamer, 1975, p. 269) where the understudying of the subject draws from the experience of another. Often, the “example is not taken to be representative, typical or standard, nor is it exemplary in the sense of being a model...” (Thomas, 2011).

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There are two case studies presented in the research. Both cases present different issues that the patients of mental illness are battling. In the first case, the fundamental predisposing issue is the cultural disposition of the client while in the second it is mostly the present distressing circumstance. For both patients, treatment and the care by the psychiatrists though it had modest success, did not entirely help them reverse the conditions. Different psychiatrists attended to them but the deeply ingrained predispositions issues held them back from receiving the healing they sought.

Christian counseling would have approached the counseling sessions differently. The spiritual status of the two patients was as important to the treatment regime as were the need for the history of their sicknesses. Mr. E needed the assurance of his self-worth to the family irrespective of his ability to discharge his obligations. The Christian counselor would have helped him to come to terms with his cultural orientation, which was an impediment for him to interact freely with the psychiatrist.

### **Qualitative Literary Research**

Qualitative literature research uses various tools in its application. This includes narrative reviews, ethnography, grounded theory and case study. What will determine which specific approach to adopt depends on the subject of inquiry (Miles & Huberman, 1994). The research method, reviewing of documents available for the study question, gives a critical interpretive position of the subject of research in order to resolve the research question. It offers a rich data of the research study that helps in the resolution of the study question in a more clear way.

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The study reviewed various literary sources covering the position adopted by those propagating the Christian counseling position as well contrary views presented by those who see psychiatry as the panacea for all mental problems of human beings.

Qualitative research method allows the researcher to treat the research question in a more succinct way without encumbrance and limitation of the quantitative research (Stainbach & Stainbach, 1988). The method sees the researcher as a valued contributor and distiller in a collaborative way to the subject under the study. The researcher assumes the existence of a number of realities that qualitative research seeks to interpret in order to arrive at the resolution of the research question (Creswell, 2003; Swanson & Holton, 2005).

From this theoretical standpoint, the contentions for sound Christian counseling allows the researcher to interact with the subject and give it the positive interpretation as derived from the literature reviewed. There is a lot of literature that supports the position that Christian counseling is necessary in today's contemporary society. This is supported by the case studies use in this study.

The literature reviewed has attempted to look at the various sides that go into meeting the purpose of the study. the historic involvement of the church in matters of dealing with the needy in society, more so, with the mentally ill has been established in the literature review. The bible has many references that show that mental illness or conditions that are today characterized as mental illness, did exist in bible times.

### **Discussion, Recommendation and Conclusion**

The above two cases show people suffering from two different levels of mental disorders. It also shows the influencing circumstances that triggered their condition and the history of treatment of they received primarily from psychiatrist. There are various degrees of successes and equal failures. What is evident from the two cases is the limitation of psychiatric treatment to deal conclusively with the problem of mental illness. The two cases do not indicate that Christian counseling was part of the treatment regime. It is evident though that both patients did not have counseling and care from Christian counselors.

The case involving Andy proves what was determined in the literature review that some people with conditions of mental disorder go about with the daily duties without people knowing that all is not well with them. For many years, Andy's condition was out of the knowledge of many people. However, the bipolar disorder was tearing him apart making hi world a miserable one. His distorted view of reality was the problem that neither the technology available nor the many psychiatrics he visited with could solve.

The cultural orientation of Mr. E was a strong belief that in the position of the man in the family. He is the provider and failure to do that is a depressing thing that is so troubling to the extent of developing mental illness. Mr. E is a man with strong belief. Christian counseling would have been appropriate in discussion of the place of beliefs in the human psych.

The treatment of Andy problem would take a different approach through sound Christian counseling. The distorted view because of his condition needed an approach that could deal with

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the issues of his identity and self-worth, his relationship with God and other human beings. His problem was more of a spiritual problem than just a medical one.

The same can be said of Mr. E who similarly has a distorted view of the reality of his circumstances. The man could not come to terms with the change in his life. Sound Christian counseling would approach his treatment by dealing with accepting the change resulting from his injuries. The task was to build his confidence that he was no lesser a man because he could not fulfill his obligations to his family.

The psychiatric treatment he received only dealt with the very symptoms that the impairment he got brought to the surface. The need for building relationship and assurance of a loving God and compassion from those around him lacked due to the gravity of his condition.

The literature reviewed and the case studies show the need for Christian counseling in addressing matters of mental illness comprehensively. It also illustrates the limitation of the primarily secular counseling. It is a position shared by many scholars from the literature reviewed, that psychiatry is as important as it has always been. However, there is need to infuse it with the knowledge and understanding derived from Christian counseling.

The domain of Christian counseling is growing and becoming much better as many pastoral counselors take to acquiring the necessary psychological understanding of persons suffering from mental illness in order to ground their ministry to these needy people. That study has showed the pivotal role that spirituality plays in the lives of human beings. Right from the early Bible times to this day, there is a larger body of evidence of the role religion plays in the life of people including those suffering from mental disorders.

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The Bible as the authority from which Christians derive the principles that are employed in Christian counseling has many references to mental disorders. Though there is no express mention of mental illness, the conditions were prevalent and a cause of concern then.

The Church has played a leading role in the care and counseling of people with problems including those with mental illnesses. Some churches have also established institutions that have been in the forefront of the ministry to the needy as well as the mentally ill. This role is more relevant today than in other time in human history.

It is the recommendation of this study that serious attempt need to be put in place in order to integrate sound Christian counseling in all recover programs, treatment and caring of the mentally ill people. Efforts and policies that will regularize the involvement of Christian counseling to stem the contention between psychiatry and theology will greatly help the many caught in the misconception.

As the times have changed the great need for joint efforts in dealing with issues of mental health increase, there is need for misconceptions and dogmatic positions advanced by the two fields are resolved for the sake of the many in need of the important service of the psychiatric and the Christian counselor. It is therefore the recommendation of this study that professional Christian counselors play a leading role in finding the middle ground where both fields can work together to serve society and the needy in it without acrimony.



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